



Department of Workforce Services
**STATEMENT OF CONTRIBUTION/
LIVING ARRANGEMENTS**

Date Received:

It is necessary to verify the living arrangements of all persons who are sharing housing.

Customer Name: _____ **Case Number:** _____
(Person applying for or receiving public assistance)

Social Security Number: _____

The section below is to be completed by the ROOMMATE/CO-RESIDENT.

ROOMMATE/CO-RESIDENT NAME :

(The person living with the Customer or the Customer is living with you)

1. How many people are living in the household, including yourself?

Please list ALL people living with you, or that you live with:

Name	Relationship to you	Age	Blind or Disabled? Yes or No

2. State how the rent and/or utilities are shared:

Expense	Monthly Amount Due	Roommate/ Co-Resident's Share	Customer's Share
Rent			
Mortgage			
Second Mortgage			
Trailer Space/Lot Payment			
Utilities			

3. Who do you (Roommate/Co-resident) pay the above money to?

Landlord Customer Utility Company

4. Do you give any money to the Customer each month other than the shelter expenses

above? Yes No If yes, How much? _____

Roommate/Co-Resident Signature

Date

**Social Security Number
(optional)**

Address: _____

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Persons with speech or hearing impairments may call the State Relay at 1-800-346-4128.

